

Tom Sandford visits RCNRI



Claire New, Stephanie Tierney, Sophie Staniszewska, Kate Seers, Tom Sandford, Kirstie Haywood, Liz Tutton

Tom Sandford, Director of Nursing and Service Delivery at the RCN visited the RCNRI at Warwick University to catch up with our latest research. Tom updated us on his work and developments at the RCN. The RCNRI team outlined research activities in our four research themes: patient and public involvement; experience of care; person reported outcomes

and translating knowledge into practice. Sophie discussed developments around the quality and transparency of reporting patient and public involvement and her work with INVOLVE and the NICE patient experience guidelines. Kirstie outlined research in patient reported outcomes in relation to Cardiac Arrest and 'flares' in Ankylosing Spondylitis.

Many aspects of our experience of care theme were presented. Stephanie discussed the meaning of compassionate care from the perspective of staff caring for patients with type 2 diabetes. Liz identified highlights from her findings from a study of ankle injury management. In addition the usefulness of the video made conveying the findings of the study of chronic musculoskeletal pain was outlined by Kate.

Contact: Kate Seers

Supervisory Roles

Kate Seers, Sophie Staniszewska, Liz Tutton, Linda Watterson and Lynne Currie have been undertaking a range of work examining the challenges and benefits of supervisory roles for ward sister/charge nurses. Supervisory roles occur when staff are not counted in the numbers of staff required to provide direct patient care. More time is available for leading the team through supervising practice, education, management and administration.

In the first study interviews were undertaken with nurses moving into these roles. This study has highlighted the benefits in terms of leadership, empowerment and flexibility of being able to move in and out of activities depending on patient need and organisational

requirements. There were challenges within the transition to supervisory roles and support for these roles is required. Publications from this study are in progress. The full report will be on the web soon.

The second phase is examining the extent of the implementation of supervisory roles for ward sisters/charge nurses and the benefits and challenges from the perspectives of senior nurses. A survey of Chief Nurses/Directors of Nursing Services in NHS England has taken place and the findings are currently being analysed.

Contact: Kate Seers

Dr Jo Brett

We are delighted to announce that Dr Jo Brett (PhD student at RCNRI, University of Warwick now at Brookes University) has been awarded a PhD for her research exploring patients experience of hip fracture 3 months after surgery. She interviewed patients from Oxford University NHS Trust with support from the staff on the Trauma Unit. The study is noteworthy for its high degree of patient partnership in the research process. Jo's supervisors were Dr Sophie Staniszewska and Dr Kirstie Haywood.

The study explored the lived experience of hip fracture in older people. The findings present the impact on self, and the role of biographical disruption in triggering feelings of incompetency and

frustration, particularly in those who had been relatively active prior to hip fracture. Participants struggled with feeling labelled as 'old' and 'disabled' post hip fracture.

Managing expectations and building confidence and competency in self-management could be achieved through comprehensive discharge planning initiated early and the introduction of key workers could be considered to co-ordinate seamless care, from acute care at the hospital to community care at home, monitoring all aspects of patients' wellbeing.

This could improve communication and help patients suffering from hip fracture to negotiate the complex care pathway and gain timely referrals

to the GP, physiotherapists, social workers, or occupational therapists. An expansion of existing community services, such as home visits from OTs and physiotherapists, or through employment of clinical nurse specialists could also help.

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Dr Jo Brett

Good Science or a Good Story?

GOOD SCIENCE OR A GOOD STORY: NOT SO DIFFERENT AFTER ALL

Dissemination of research remains challenging, and bridging the gap between nursing practice and nursing science should be a priority for everyone involved. Therefore I attended a workshop called 'Standing up for Science', by 'Voice of Young Science' (VOYS), 'Sense about Science'.

It consisted of three panels of scientists, journalists, and VOYS members respectively, showing different sides to publishing research via media platforms. Each session was set up as a conversation between the group and panellists, which meant everyone was actively involved.

At first I thought there is a different focus for scientists and journalists. Scientists want to present relevant findings linked to the study's rigor and its context. Journalists aim to capture attention with gripping one-liners and a good story. However, the panel discussions indicated that in essence we all want to present scientific evidence to the public, which means we need both good science and good stories.

Although there are significant differences in the way journalists and scientists approach publication, the workshop showed how discussion helps to understand each other's perspective, possibly building a foundation for constructive collaboration.

Regarding the gap between nursing science and nursing practice, perhaps

popular media platforms are useful in bringing research to the attention of nurses and carers. We cannot stop after drawing conclusions or publishing in a journal unknown to those working in the frontline. Only when they are regularly informed about research and its implications on daily practice, can health care become more effective.

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Hanneke Wiltjer PhD student RCNRI

Publications

Stayt, L. **Seers, K. Tutton, E.** (2015) Patients' experiences of technology and care in adult intensive care. *Journal of Advanced Nursing*, 79(1), 2051-2061 doi: 10.1111/jan.12664.

Coates, VE. McCann, A. Posner, N. Gunn, K. **Seers, K.** (2015) Well, who do I phone? Preparing for urgent care: a challenge for patients and service providers alike. *Journal of Clinical Nursing* 24(15/16): 2152-2163, DOI: 10.1111/jocn.12814.

Eldh, AC. Vanderzipp, T. McMullan, C. McCormack, B. **Seers, K.** Rycroft-Malone, J. (2015) "I have the world's best job" – staff experience of the advantages of caring for older people. *Scandinavian Journal of Caring Sciences* 12 Aug DOI: 10.1111/scs.12256 (early view).

Moore, RA. Wiffen, PJ. Eccleston, C. Derry, S. Baron, R. Bell, R. Furlan, A. Gilron, I. Haroutiunian, S. Katz, N. Lipman, AG. Morley, S. Peloso, P. Quessy, S. **Seers, K.** Strassels, S. Straube, S. (2015) Systematic review of enriched enrolment randomised withdrawal trial designs in chronic pain: a new framework for design and reporting. *Pain* 125: 1382-1395.

The RCN Research Institute, within the Division of Health Sciences, Warwick Medical School at the University of Warwick, provides a vibrant student research community.

If you are interested in undertaking a PhD, part time or full time, please contact:

Prof Kate Seers.

Dr Michele Platt

We are very proud to announce that Michele Platt has been awarded a PhD for her excellent work around the deteriorating patient. Michele is a Nurse Consultant in Critical Care and Lead Nurse for Mid-Trent Critical Care Network. The aim of Michele's work was to gain a better understanding of what happens when patients become critically ill in ward areas, how do staff know they are deteriorating and what do they do about it. Michele was supervised by Professor Kate Seers and Dr Liz Tutton.

Using a grounded theory approach Michele undertook observations and interviews with staff on 3 surgical and medical wards. A wide range of staff including nurses, doctors, healthcare support workers, physiotherapists and pharmacists participated in the

study. Observations and interviews helped to identify 85 examples of acute deterioration. The findings identify the importance of making the link at all stages within the process of deterioration. Knowledge and understanding was crucial but despite this the process could fail at any stage if the link between knowledge and action was not made.

Making the link was set within the framework of 1) Being vigilant through surveillance; 2) Identifying and recognising urgency; 3) Taking action: escalating and responding; 4) Taking action: treating.

The study highlights the importance of the use of a range of knowledge and senses when picking up cues about patients' well being. The importance of working as a team, being aware of lines of authority but not being

constrained by them. To value all forms of knowledge including that held by the patients and their relatives/friends. In addition to consider how the environment or context of care may be inhibiting effective surveillance of patients. A full exploration of the findings will be published and Michele is already presenting the findings at a variety of conferences.

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Liz Tutton, Michele Platt, Kate Seers

Patient Experience of Technology

Louise Stayt has published her first paper from her PhD (see publications) exploring patients' experiences of technology and care in adult intensive care. The paper outlines the way in which technology is intertwined with and inseparable from their experience of being in intensive care. They described ways in which they endured technology by just 'getting on with it'. They often felt lonely and invisible as staff attended

to the vast range of technology around them. Staff caring for them also sometimes became invisible extensions of technology. They attempted to 'be good' and accept what was happening to them, comply with activities and where possible not disturb staff by, for example setting off alarms.

There was also a sense of enduring through 'getting over it'. Accepting the

expertise of staff in managing the array of technology. The technology itself was considered a 'necessary evil' but also provided hope that it would support their recovery. Louise notes the real potential nurses have to provide care and comfort that supports patients ability to live with technology in this acute phase of their recovery.

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Compassionate Care

At the start of October, Stephanie Tierney joined a range of delegates (representing health, education, the 3rd sector, the arts, the media and business) at a conference on compassion. Among key presenters were Professor Paul Gilbert (University of Derby), Dr Clare Gerada (former chair of the Royal

College of General Practice) and Karen Armstrong (founder of a Charter for Compassion).

There was much discussion during the conference about the work environment and its impact on compassion in the NHS. Stephanie is

currently undertaking a study exploring the meaning of compassion from the perspective of health care professionals caring for people with type 2 diabetes.

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